


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P97000017191 |  |
| 1. Entity Name TICKET JUSTICE CENTER, INC. | |

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| Principal Place of Business 2160 W ATLANTIC AVENUE SECOND FLOOR DELRAY BEACH, FL 33445 US | Mailing Address 2160 W ATLANTIC AVENUE SECOND FLOOR DELRAY BEACH, FL 33445 US |
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DO NOT WRITE IN THIS SPACE



04192006 No Chg-P CR2E034 (11/05)

| | |
|--|-------------------------------|
| 4. FEI Number 65-0746165 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

LEIFERT, DOUGLAS
2160 W ATLANTIC AVENUE
SECOND FLOOR
DELRAY BEACH, FL 33445

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

000000535871
05/08/06-80089-023 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPTS LEIFERT, DOUGLAS I 2160 W ATLANTIC AVENUE DELRAY BEACH, FL 33445 |
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #